

Instructions For

Preliminary Disclosure

If you are a party to a Divorce, Legal Separation or Annulment, the attached forms must be completed and a copy served on the other party before your divorce can become final.

This packet includes a **"Declaration of Disclosure"** [FL 140], a **"Schedule of Assets and Debts"** [FL 142] and an **"Income and Expense Declaration"** [FL 150], along with instructions for completing these forms. These documents do not get filed with the court. All of these documents need to be completed and mailed to the other party by someone other than yourself who is not related to your marriage and is over the age of 18.

Once the above documents are completed and served on the other party you must complete and file a **"Declaration Regarding Service of Declaration of Disclosure"** [FL 141]. This form is also included in this packet.

If the above forms are not completed and served on the other party and the Declaration re Service of Declaration of Disclosure are not filed with the court, you will **NOT** be able to get a final Judgment

SAMPLE

FORMS

How to fill out

DECLARATION OF DISCLOSURE (FL-140)

DIRECTIONS

- Find the number on the sample form. *Example:* ①
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):</small>		<small>TELEPHONE NO.:</small>	FL-140		
<div style="text-align: center;">①</div>					
<small>ATTORNEY FOR (Name):</small>					
SUPERIOR COURT OF CALIFORNIA, COUNTY OF					
<small>STREET ADDRESS:</small>					
<small>MAILING ADDRESS:</small>					
<small>CITY AND ZIP CODE:</small>					
<small>BRANCH NAME:</small>					
<small>PETITIONER:</small>					
<small>RESPONDENT:</small>					
<div style="text-align: center;">④</div>		<div style="text-align: center;">DECLARATION OF DISCLOSURE</div>		<small>CASE NUMBER:</small>	
<input type="checkbox"/> Petitioner's		<input type="checkbox"/> Preliminary			
<input type="checkbox"/> Respondent's		<input type="checkbox"/> Final			
DO NOT FILE WITH THE COURT					
<div style="text-align: center;">⑤</div>					
<small>Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).</small>					
<small>A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.</small>					
<small>A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.</small>					
<small>Attached are the following:</small>					
1. <input type="checkbox"/> A completed Schedule of Assets and Debts (form FL-142).					
2. <input type="checkbox"/> A completed Income and Expense Declaration (form FL-150 (as applicable)).					
3. <input type="checkbox"/> A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (<i>not a form</i>).					
4. <input type="checkbox"/> A statement of all material facts and information regarding obligations for which the community is liable (<i>not a form</i>).					
5. <input type="checkbox"/> An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (<i>not a form</i>).					
<small>I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.</small>					
<small>Date:</small>					
<small>(TYPE OR PRINT NAME)</small>			<small>(SIGNATURE)</small>		
<div style="text-align: center;">⑦</div>					
<div style="display: flex; justify-content: space-between;"><div><small>Form Adopted for Mandatory Use Judicial Council of California FL-140 (Rev. January 1, 2003)</small></div><div>DECLARATION OF DISCLOSURE (Family Law)</div><div><small>Page 1 of 1 Family Code, §§ 2102, 2104, 2105, 2106, 2112 www.courtinfo.ca.gov</small></div></div>					

- ① Write your name, address and phone number.
- ② If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- ③ Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- ④ Check the box that identifies you as the Petitioner or Respondent. Check “Preliminary.”
- ⑤ This form is part of the Preliminary Declaration of Disclosure (PDD) Packet. The PDD Packet (Preliminary Declaration of Disclosure, Schedule of Assets and Debts, and Income and Expense Declaration) must be filled out completely one time and served (delivered) on the other party. *The Preliminary Declaration of Disclosure does not get filed with the court.*
- ⑥
 - Read this section carefully. Check boxes 1 and 2.
 - Check box 3 and attach another page that lists assets (property, belongings, debts, etc.) owned by you and your spouse. Include the value of the assets (how much it’s worth).
 - Check box 4 if you are attaching another page that describes any assets for which you and your spouse are responsible. Include the value.
 - If any investment opportunities were made to you since you and your spouse separated, check box 5 and attach another page and describe the opportunities. (*Example: If you have bought or sold a home or business, invested income or sold items from investments.*)
- ⑦ Date the form. Type or print your name on the left, and sign on the right.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address):		TELEPHONE NO.:
<div style="text-align: center;">1</div>		
ATTORNEY FOR (Name):		
<div style="text-align: center;">2</div>		
SUPERIOR COURT OF CALIFORNIA COUNTY OF FRESNO 1100 Van Ness Avenue - Fresno, California 93724-0002		
PETITIONER: RESPONDENT:		
<div style="text-align: center;">3</div>		<div style="text-align: center;">4</div>
SCHEDULE OF ASSETS AND DEBTS <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's		CASE NUMBER:

— INSTRUCTIONS —

List all your known community and separate assets or debts. Include assets even if they are in the possession of another person, including your spouse. If you contend an asset or debt is separate, put P (for Petitioner) or R (for Respondent) in the first column (separate property) to indicate to whom you contend it belongs.

All values should be as of the date of signing the declaration unless you specify a different valuation date with the description. For additional space, use a continuation sheet numbered to show which item is being continued.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
1.	REAL ESTATE (Give street addresses and attach copies of deeds with legal descriptions and latest lender's statement.)			\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES (identify.)				
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc. (identify.)				

How to fill out

SCHEDULE OF ASSETS AND DEBTS (FL-142)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1 Write your name, address and phone number.
- 2 Write "Fresno" after Superior Court of California, County of.
- 3 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4 Check the box that identifies you as the Petitioner or Respondent.
- 5 Read the instructions carefully. "Separate property" is assets (things of value) or debts (money owed) that belongs to the husband or wife, but not both. "Community" assets or debts belong to the husband and wife together.
 - If separate property, you will put H or W in the first column. Leave blank if community.
 - You will write the date the asset was acquired (purchased) in the second column
 - *Current gross fair market value*: gross means before taxes are taken out. Fair market value means how much the item is worth (fill in a dollar amount).
 - If money is still owed on this item, you will write this amount in the last column.

For each item listed on this form, if you need more space, attach another piece of paper (a continuation sheet) and number the page the same number as the item on the form. Example: #1 for Real Estate, #2 for Household Furniture, #3 for Jewelry, Antiques, Art, Coin Collections, etc. Do this as needed for all four pages of this form.

- 6 List all real estate (land, buildings), including addresses. Attach copies of deeds, etc. as requested.
- 7 List all household furniture, furnishings, and appliances: Examples: sofas, lamps, televisions, computers, etc.
- 8 List all jewelry, antiques, art, coin collections. Note: these items should be appraised (given a dollar value by someone in that business).

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page two -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 12
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (<i>Describe and attach copy of title document.</i>)			\$	\$
9					
5.	SAVINGS ACCOUNTS (<i>Account name, account number, bank, and branch. Attach copy of latest statement.</i>)				
10					
6.	CHECKING ACCOUNTS (<i>Account name and number, bank, and branch. Attach copy of latest statement.</i>)				
11					
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (<i>Account name and number, bank, and branch. Attach copy of latest statement.</i>)				
12					
8.	CASH (<i>Give location.</i>)				
13					
9.	TAX REFUND				
14					
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (<i>Attach copy of declaration page for each policy.</i>)				
15					

- 9 List all vehicles such as cars, motorcycles, boats, and trailers. Attach copies of documents that show they belong to you and/or your spouse. Example: DMV registration
- 10 For Savings Accounts, include account numbers, and the bank name and branch (Example: Bank of America, Fashion Fair). Include copies of latest statements for each account.
- 11 Provide the same information as above for Checking Accounts.
- 12 Provide the same information as above for Credit Union or similar accounts.
- 13 If you have stored cash somewhere, write the location in the space provided.
- 14 If you received a tax refund this year, provide that information. Otherwise leave blank.
- 15 Provide Life Insurance information with the amount it is worth if you turned it in, or the loan amount. Attach a copy of the policy's declaration page.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page three -

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 16
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink.
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET			\$	\$
18.	TOTAL ASSETS			\$	\$

FL-142 (Rev. January 1, 2009) SCHEDULE OF ASSETS AND DEBTS (Family Law) Page 3 of 4

- 16 If you or your spouse has stocks, bonds, secured notes, and/or mutual funds, list them here. Write the certificate/account number for each. Use a extra (continuation) sheet if needed. Attach copies of certificates and/or most recent statements.
- 17 List retirement funds and pensions. Attach a copy of the most recent summary page or statement.
- 18 If you or your spouse participates in any of the following, list them here. Attach copies of statements.
 - Profit-sharing plans through workplace
 - Annuities – amounts payable on a yearly basis, or at other regular times
 - Individual retirement accounts (IRA)
 - Deferred compensation – wages that are not taken now, but is paid later
- 19 If you or your spouse is due to receive any money, list accounts receivable here. Also list any unsecured notes (not secured by real property) you may have. Attach copies.
- 20 If you or your spouse has a business partnership or other kind of business, list information here. Attach copies of the most recent *K-1 form* and *schedule C* (IRS forms).
- 21 List any other assets you or your spouse might have. Use extra sheets as necessary.
- 22 If you used extra continuation sheets, add up all amounts and list them here.
- 23 Add up your total assets from all pages of form FL-142, (1-17) and fill in the amount on line 18. Continue on the back side to list your debts.

SCHEDULE OF ASSETS AND DEBTS (FL-142)

- page four -

DIRECTIONS

- Find the number on the sample form.
Example: 25
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink.
- If you know the CASE NUMBER fill it in. If not known, leave it blank.

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19.	STUDENT LOANS (Give details.) 24		\$	
20.	TAXES (Give details.) 25			
21.	SUPPORT ARREARAGES (Attach copies of orders and statements.) 26			
22.	LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.) 27			
23.	CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.) 28			
24.	OTHER DEBTS (Specify): 29			
25.	TOTAL DEBTS FROM CONTINUATION SHEET 30			
26.	TOTAL DEBTS 31		\$	

27. ☐ (Specify number) _____ pages are attached as continuation sheets.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME) 33 (SIGNATURE OF DECLARANT)

FL-142 (Rev. January 1, 2006)

SCHEDULE OF ASSETS AND DEBTS
(Family Law)

Page 4 of 4

*List all debts (money owed). In the first column, put a **W** or **H** to show that the debt is separate property. In the second column, write the total amount of money still owed. In the last column, put the date the debt started. Use continuation sheets as needed.*

- 24 If you or your spouse currently have any student loans, list the details here.
- 25 If you or your spouse owes money for taxes, list details here.
- 26 Support arrearages means being behind in payments ordered by the court, such as child support or spousal support. If either you or your spouse is behind in support payments, attach copies of court orders and statements.
- 27 Unsecured loans are those that are not guaranteed or protected. If you or your spouse have unsecured loans, list them here. Write the name of the bank and the loan number. Attach copies of most recent statements.
- 28 List all credit cards. Write the name, address and account number for each creditor (company that issued the credit card). Attach copies of most recent statements.
- 29 List any other debts owed by you or your spouse.
- 30 If you used extra sheets, add up all amounts and list them here.
- 31 Add up your total debts (19-25) and fill in the amount.
- 32 If you used continuation sheets, check the box and write the number of continuation sheets you are attaching (not copies of statements or other attachments).
- 33 Date the form. Type or print your name on the left. Sign your name on the right.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		FOR COURT USE ONLY
TELEPHONE NO.: 1 E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA • COUNTY OF FRESNO 1100 Van Ness Avenue Fresno, California 93724-0002 2		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT: 3		
INCOME AND EXPENSE DECLARATION	CASE NUMBER	

1. **Employment** (Give information on your current job or, if you're unemployed, your most recent job.)

a. Employer: 4
 b. Employer's address:
 c. Employer's phone number:
 d. Occupation:
 e. Date job started:
 f. If unemployed, date job ended:
 g. I work about _____ hours per week:
 h. I get paid \$ _____ gross (before taxes) ☐ per month ☐ per week ☐ per hour.

Attach copies of your pay stubs for last two months here (black out social security numbers).

(If you have more than one job, attach an 8½-by-11-inch sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.)

2. **Age and education** 5

a. My age is (specify):
 b. I have completed high school or the equivalent: ☐ Yes ☐ No If no, highest grade completed (specify):
 c. Number of years of college completed (specify): ☐ Degree(s) obtained (specify):
 d. Number of years of graduate school completed (specify): ☐ Degree(s) obtained (specify):
 e. I have: ☐ professional/occupational license(s) (specify):
☐ vocational training (specify):

3. **Tax information** 6

a. ☐ I last filed taxes for tax year (specify year):
 b. My tax filing status is ☐ single ☐ head of household ☐ married, filing separately
☐ married, filing jointly with (specify name):
 c. I file state tax returns in ☐ California ☐ other (specify state):
 d. I claim the following number of exemptions (including myself) on my taxes (specify):

4. **Other party's income.** I estimate the gross monthly income (before taxes) of the other party in this case at (specify): \$ 7
 This estimate is based on (explain):

(If you need more space to answer any questions on this form, attach an 8½-by-11-inch sheet of paper and write the question number before your answer.)

5. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: 8

(TYPE OR PRINT NAME) (SIGNATURE OF DECLARANT)

Form Adopted for Mandatory Use
 Judicial Council of California
 FL-150 (Rev. January 1, 2009)

INCOME AND EXPENSE DECLARATION

Page 1 of 4
 Family Code, §§ 2030–2032;
 2100–2113, 3652, 3653–3654,
 4050–4070, 4300–4339
 www.courtinfo.ca.gov

How to fill out

INCOME AND EXPENSE DECLARATION (FL-150)

DIRECTIONS

- Find the number on the sample form. *Example:* 1
- Go to the same number below to find out how to fill out the form.
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

- 1 Write your name, address and phone number.
- 2 If not filled in for you, write “Fresno” after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Division.
- 3 Fill in the names of the Petitioner/Plaintiff and Respondent/Defendant. (The Plaintiff is the person that starts a case against a person, the Defendant.) Fill in name(s) of Other Parent/Claimant if it applies to this case.
- 4 Fill in information about the your job. If you don't have a job, fill in information about **your last job**. If you have more than one job, use another piece of paper and write the same information.
 - Fill in the name (a) of where you work, the address (b) and phone (c), and your job title (d), example: driver.
 - Fill in the date you started this job (e), how many hours you work every week (g), and how much money you get paid before taxes are taken out (h). Check the first box if this is a monthly amount, the second box if weekly, or the third box if hourly.
 - Be sure to include **copies of your pay stubs** for the last two months. Use a **dark marker** to cross out your social security number.
- 5 Fill in your age (a) and check the Yes box if you finished high school (b). If you check No, also fill in the last grade you finished. Fill out c. or d. if you have taken college classes. Fill out e. if this applies to you.
- 6 Check box a. and fill in the year of your last tax return. For b., check the box that applies to you. For c., check California OR check Other if you last filed taxes in another state, and write the state's name. For d., write the number of “exemptions” you claim when filing your taxes.
- 7 Write down the total amount the other person in this case makes in a month, and explain how you know this.
- 8 Fill in the date, type or print your name on the left, and sign on the right.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	9	CASE NUMBER:
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Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. Income (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)

	Last month	Average monthly
a. Salary or wages (gross, before taxes)	\$	
b. Overtime (gross, before taxes)	\$	
c. Commissions or bonuses	\$	
d. Public assistance (for example: TANF, SSI, GA/GF) <input type="checkbox"/> currently receiving	\$	
e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage	\$	
f. Partner support <input type="checkbox"/> from this domestic partnership <input type="checkbox"/> from a different domestic partnership	\$	
g. Pension/retirement fund payments	\$	
h. Social security retirement (not SSI)	\$	
i. Disability: <input type="checkbox"/> Social security (not SSI) <input type="checkbox"/> State disability (SDI) <input type="checkbox"/> Private insurance	\$	
j. Unemployment compensation	\$	
k. Workers' compensation	\$	
l. Other (military BAQ, royalty payments, etc.) (specify):	\$	

11. Investment income (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a. Dividends/interest	\$
b. Rental property income	\$
c. Trust income	\$
d. Other (specify):	\$

7. Income from self-employment, after business expenses for all businesses

I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):

12. Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ Additional income. I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ Change in income. My financial situation has changed significantly over the last 12 months because (specify):

10. Deductions

	Last month
a. Required union dues	\$
b. Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c. Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d. Child support that I pay for children from other relationships	\$
e. Spousal support that I pay by court order from a different marriage	\$
f. Partner support that I pay by court order from a different domestic partnership	\$
g. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

11. Assets

	Total
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b. Stocks, bonds, and other assets I could easily sell	\$
c. All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

INCOME AND EXPENSE DECLARATION (FL-150)

- page two -

DIRECTIONS:

- Find a number on the sample form
Example: 10
- Go to the same number below to find out how to fill out the form
- Type or print in black ink
- If you know the CASE NUMBER fill it in. If not known leave it blank.

- 9** Write out first and last names for you and the other person(s) in this case.

Include your pay stubs for the last two months with this form. Also include proof of any other money you make. Bring a copy of your last federal tax return with you to the court hearing. Use a black marker to cross out social security numbers.

- 10** Fill out a. through k. if it applies to you, and check any boxes that apply to you. The first column is for money earned last month. For the second column, add up amounts for the past 12 months then divide by 12 to get the average amount.
- 11** If you have investments, fill in amounts. If you fill in an amount for d., write a description. If you have property, include a separate page that lists total money earned on the property and expenses.
- 12** Fill out this section only if you are self-employed (own a business). Include a "profit and loss statement" for each business, or a schedule C from your tax return.
- 13**
- Check "Additional Income," if you received extra money in the last 12 months. Write down the amount and where the money came from. Examples: "I won the lottery." "My uncle left me money in his will."
 - Check "Change in Income," if the amount of money you normally receive has changed a lot during the past 12 months. Write down the reason. Examples: "I got hurt on the job and am now on disability." "I got a new job that pays better than my old one."
- 14** Fill in amounts deducted (taken away) from your earnings last month. Fill out all that apply. If you fill out f., you must write an explanation on a separate page labeled "Question 10f."
- 15** List your assets (accounts, stocks and bonds, property, etc.). Put in the total value (worth) for each line listed.

INCOME AND EXPENSE DECLARATION (FL-150)

- page three -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: 16
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	16
--	----

CASE NUMBER:

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?
a. 17				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Average monthly expenses

☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

a. Home:

(1) ☐ Rent or ☐ mortgage: \$ _____

If mortgage:

(a) average principal: \$ _____ 18

(b) average interest: \$ _____

(2) Real property taxes: \$ _____

(3) Homeowner's or renter's insurance (if not included above): \$ _____

(4) Maintenance and repair: \$ _____

b. Health-care costs not paid by insurance: \$ _____

c. Child care: \$ _____

d. Groceries and household supplies: \$ _____

e. Eating out: \$ _____

f. Utilities (gas, electric, water, trash): \$ _____

g. Telephone, cell phone, and e-mail: \$ _____

h. Laundry and cleaning: \$ _____

i. Clothes: \$ _____

j. Education: \$ _____

k. Entertainment, gifts, and vacation: \$ _____

l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.): \$ _____

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance): \$ _____

n. Savings and investments: \$ _____

o. Charitable contributions: \$ _____

p. Monthly payments listed in item 14 (itemize below in 14 and insert total here): \$ _____

q. Other (specify): \$ _____

r. TOTAL EXPENSES (a-q) (do not add in the amounts in a(1)(a) and (b)): \$ _____

s. Amount of expenses paid by others: \$ _____

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
19		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	
		\$ _____	\$ _____	

20 This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed. NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

16. Attorney fees (This is required if either party is requesting attorney fees.): \$ _____

a. To date, I have paid my attorney this amount for fees and costs (specify): \$ _____

b. The source of this money was (specify): _____

c. I still owe the following fees and costs to my attorney (specify total owed): \$ _____

d. My attorney's hourly rate is (specify): \$ _____

I confirm this fee arrangement.

Date: _____

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

FL-150 (Rev. January 1, 2015)

INCOME AND EXPENSE DECLARATION

Page 3 of 4

16 Write out first and last names for you and the other person(s) in this case.

17 Give information about all persons who live with you.

- Write their names, ages, and how they are related to you (parent, child, other relative, friend).
- Write how much money each person receives each month (before taxes), and check the Yes or No box if this person pays some of the living expenses.

18 For **Average monthly expenses**, check the first box if you are estimating (best guess) expenses, or the second box if actual (exact) expenses. Check third box only if you expect these to be your expenses each month.

- For a., check first box if you rent or the second box if you own your home. Fill in monthly payment. If you have a mortgage, fill out (1), (2) and (3). Fill out (4) and (5) if it applies to you.
- Fill in amounts for b. through q. as they apply to you.
- For j. and q., describe the expense.
- Add lines a. through q., but don't add in mortgage principal and interest from line a.(2).
- Put this amount in the total expenses box, line r.
- Line s. is monthly expenses for the household NOT paid by you.

19 List all installment payments and debts you may have. This could include car payments, credit card payments, etc.

- First column: fill in the name of the creditor (who gets the payment?).
- Second column: describe what the payment is for. Third column: amount of last payment to the creditor
- Fourth column: amount still owed. Last column: date last payment was made.

20 Check if the form "does" or "does not" contain the locations of, or identifying information about, the assets and debts listed.

21 Do not fill out this section. Skip to next page....

PETITIONER/PLAINTIFF: 22 RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
--	--------------

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

23 17. Number of children

a. I have (specify number): children under the age of 18 with the other parent in this case.
 b. The children spend percent of their time with me and percent of their time with the other parent.
 (If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

24 18. Children's health-care expenses

a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
 b. Name of insurance company:
 c. Address of insurance company:
 d. The monthly cost for the children's health insurance is or would be (specify): \$
 (Do not include the amount your employer pays.)

25 19. Additional expenses for the children in this case

	Amount per month	
a. Child care so I can work or get job training	\$	
b. Children's health care not covered by insurance	\$	
c. Travel expenses for visitation	\$	
d. Children's educational or other special needs (specify below)	\$	

26 20. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):

	Amount per month	For how many months?
a. Extraordinary health expenses not included in 19b	\$	
b. Major losses not covered by insurance (examples: fire, theft, other insured loss)	\$	
c. (1) Expenses for my minor children who are from other relationships and are living with me	\$	
(2) Names and ages of those children (specify):		
(3) Child support I receive for those children	\$	

The expenses listed in a, b, and c create an extreme financial hardship because (explain):

27 21. Other information I want the court to know concerning support in my case (specify):

FL-150 (Rev. January 1, 2005) INCOME AND EXPENSE DECLARATION Page 4 of 4

INCOME AND EXPENSE DECLARATION (FL-150)

- page four -

DIRECTIONS:

- ▶ Find a number on the sample form
Example: **21**
- ▶ Go to the same number below to find out how to fill out the form
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known leave it blank.

22 Write out first and last names for you and the other person(s) in this case.

Fill out the rest of this page only if your case involves child support.

23 Fill in the number of children you have with the other parent that are **under age 18**.

- Estimate the amount of time the children are with you and with the other parent. Example: "The children are with me 30% of the time and with the other parent 70% of the time."
- If unsure about using percentages, use the space provided to describe the parents' schedules for taking care of the children.

24 Check the first box if your work place provides health insurance for your children. Otherwise, check the second box. Write the name and address of this insurance company in the space provided. Fill in monthly amount you pay (or would pay to fully cover the children) for health insurance. DO NOT include costs already paid by your job.

25 Fill in monthly amounts that apply to your case. Describe educational or special needs.

26 List any "special hardships" (things that make daily living hard).

- For a. through c., fill in monthly amounts that apply.
- In the second column, fill in the number of months the situation has lasted
- If you have children under age 18 from other relationships, list their names and ages in the space provided.
- If you get child support for these children, fill in that amount.
- If you fill out lines a., b., and c., space has been provided to explain why it's hard for you to pay expenses.

27 In the space provided you may write other information you want the court to know about your case.

<small>ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div>		<small>FOR COURT USE ONLY</small>
<small>TELEPHONE NO.:</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">1</div> <small>FAX NO.:</small>		
<small>ATTORNEY FOR (Name):</small> SUPERIOR COURT OF CALIFORNIA, COUNTY OF		
<small>STREET ADDRESS:</small> <small>MAILING ADDRESS:</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">2</div> <small>CITY AND ZIP CODE:</small> <small>BRANCH NAME:</small>		
<small>PETITIONER:</small> <small>RESPONDENT:</small> <div style="text-align: center; font-size: 24px; font-weight: bold;">3</div>		
<div style="text-align: center;"> DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION <input type="checkbox"/> Petitioner's <div style="text-align: center; font-size: 24px; font-weight: bold;">4</div> <input type="checkbox"/> Preliminary <input type="checkbox"/> Respondent's <input type="checkbox"/> Final </div>		<small>CASE NUMBER:</small>

1. I am the ☐ Attorney for ☐ Petitioner ☐ Respondent

5

 in this matter.

6

 2. ☐ Petitioner's ☐ Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
on (date):

7

 3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
on (date):

8

 4. ☐ Service of the *Final Declaration of Disclosure* has been waived under Family Code section 21105, subdivision (d).
I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

9

(TYPE OR PRINT NAME)
(SIGNATURE)

Note:
File this document with the court.
Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.

Form Adopted for Mandatory Use
Judicial Council of California
FL-141 (Rev. January 1, 2003)

**DECLARATION REGARDING SERVICE OF
DECLARATION OF DISCLOSURE
(Family Law)**

Page 1 of 1
Family Code, §§ 2104, 2106, 2112
www.courtinfo.ca.gov

How to fill out

DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE (FL-141)

DIRECTIONS

- ▶ Find the number on the sample form.
Example: 1
- ▶ Go to the same number below to find out how to fill out the form.
- ▶ Type or print in black ink
- ▶ If you know the CASE NUMBER fill it in. If not known, leave it blank.

- 1

 Write your name and address. Also write your phone number, and a fax number if you have one.
- 2

 If not filled in for you, write "Fresno" after COUNTY OF. The address is: 1100 Van Ness Ave., Fresno CA 93724-0002. The Branch Name is: Central Branch.
- 3

 Write the name of the Petitioner and Respondent. The Petitioner is the party that starts the case against another person, the Respondent.
- 4

 Check the box that identifies you as the Petitioner or Respondent. Check "Preliminary."
- 5

 Check the box that identifies you as the Petitioner or Respondent in the case.
- 6

 - Check the box before "My Preliminary Declaration of Disclosure and Income and Expense Declaration was served on" then check Petitioner or Respondent (whichever applies to the other party).
 - If the forms were personally delivered to the other party, check the first box. If the forms were mailed to the other party, check that box. If another method was used, check "other" and describe in the space provided.
 - Fill in the date the forms were served to the other party.
- 7

 DO NOT fill out this section.
- 8

 DO NOT check this box.
- 9

 Date the form. Type or print your name on the left. Sign your name on the right.

BLANK

FORMS

ATTORNEY OR PARTY WITHOUT ATTORNEY (<i>Name and Address</i>):	TELEPHONE NO.:
ATTORNEY FOR (<i>Name</i>):	
PETITIONER:	
RESPONDENT:	
<p style="text-align: center;">DECLARATION OF DISCLOSURE</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: left;"> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div style="text-align: left;"> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>	CASE NUMBER:

DO NOT FILE WITH THE COURT

Both the preliminary and the final declaration of disclosure must be served on the other party with certain exceptions. Neither disclosure is filed with the court. A declaration stating service was made of the final declaration of disclosure must be filed with the court (see form FL-141).

A preliminary declaration of disclosure but not a final declaration of disclosure is required in the case of a summary dissolution (see Family Code section 2109) or in a default judgment (see Family Code section 2110) provided the default is not a stipulated judgment or a judgment based upon a marriage settlement agreement.

A declaration of disclosure is required in a nullity or legal separation action as well as in a dissolution action.

Attached are the following:

1. ☐ A completed *Schedule of Assets and Debts* (form FL-142).
2. ☐ A completed *Income and Expense Declaration* (form FL-150 (as applicable)).
3. ☐ A statement of all material facts and information regarding valuation of all assets that are community property or in which the community has an interest (*not a form*).
4. ☐ A statement of all material facts and information regarding obligations for which the community is liable (*not a form*).
5. ☐ An accurate and complete written disclosure of any investment opportunity, business opportunity, or other income-producing opportunity presented since the date of separation that results from any investment, significant business, or other income-producing opportunity from the date of marriage to the date of separation (*not a form*).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)



(SIGNATURE)

SCHEDULE OF ASSETS AND DEBTS
(Family Law)

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP.	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
4.	VEHICLES, BOATS, TRAILERS (Describe and attach copy of title document.)			\$	\$
5.	SAVINGS ACCOUNTS (Account name, account number, bank, and branch. Attach copy of latest statement.)				
6.	CHECKING ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
7.	CREDIT UNION, OTHER DEPOSIT ACCOUNTS (Account name and number, bank, and branch. Attach copy of latest statement.)				
8.	CASH (Give location.)				
9.	TAX REFUND				
10.	LIFE INSURANCE WITH CASH SURRENDER OR LOAN VALUE (Attach copy of declaration page for each policy.)				

ITEM NO.	ASSETS DESCRIPTION	SEP. PROP	DATE ACQUIRED	CURRENT GROSS FAIR MARKET VALUE	AMOUNT OF MONEY OWED OR ENCUMBRANCE
11.	STOCKS, BONDS, SECURED NOTES, MUTUAL FUNDS <i>(Give certificate number and attach copy of the certificate or copy of latest statement.)</i>			\$	\$
12.	RETIREMENT AND PENSIONS <i>(Attach copy of latest summary plan documents and latest benefit statement.)</i>				
13.	PROFIT - SHARING, ANNUITIES, IRAS, DEFERRED COMPENSATION <i>(Attach copy of latest statement.)</i>				
14.	ACCOUNTS RECEIVABLE AND UNSECURED NOTES <i>(Attach copy of each.)</i>				
15.	PARTNERSHIPS AND OTHER BUSINESS INTERESTS <i>(Attach copy of most current K-1 form and Schedule C.)</i>				
16.	OTHER ASSETS				
17.	TOTAL ASSETS FROM CONTINUATION SHEET				
18.	TOTAL ASSETS			\$	\$

SCHEDULE OF ASSETS AND DEBTS
(Family Law)

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Date:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

27. ☐ (Specify number): _____ pages are attached as continuation sheets.

ITEM NO.	DEBTS—SHOW TO WHOM OWED	SEP. PROP.	TOTAL OWING	DATE INCURRED
19. STUDENT LOANS (Give details.)			\$	
20. TAXES (Give details.)				
21. SUPPORT ARREARAGES (Attach copies of orders and statements.)				
22. LOANS—UNSECURED (Give bank name and loan number and attach copy of latest statement.)				
23. CREDIT CARDS (Give creditor's name and address and the account number. Attach copy of latest statement.)				
24. OTHER DEBTS (Specify.):				
25. TOTAL DEBTS FROM CONTINUATION SHEET				
26. TOTAL DEBTS			\$	

Attach copies of your pay stubs for last two months here (black out social security numbers).

- Page 1 of 4**
Family Code, §§ 2030–2032,
2100–2113, 3552, 3620–3634,
4050–4076, 4300–4339
www.courtinfo.ca.gov

PETITIONER/PLAINTIFF:	CASE NUMBER:
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	

Attach copies of your pay stubs for the last two months and proof of any other income to the first page. Take a copy of your latest federal tax return to the court hearing. (Black out your social security number on the pay stub and tax return.)

5. **Income** (For average monthly, add up all the income you received in each category in the last 12 months and divide the total by 12.)
Average monthly Last month

a.	Salary or wages (gross, before taxes)	\$
b.	Overtime (gross, before taxes)	\$
c.	Commissions or bonuses	\$
d.	Public assistance (for example: TANF, SSI, GA/GR) currently receiving	\$
e.	Spousal support from this marriage	\$
f.	Partner support from this domestic partnership	\$
g.	Pension/retirement fund payments	\$
h.	Social security retirement (not SSI)	\$
i.	Disability: Social security (not SSI) State disability (SDI) Private insurance	\$
j.	Unemployment compensation	\$
k.	Workers' compensation	\$
l.	Other (military BAO, royalty payments, etc.) (specify):	\$

6. **Investment income** (Attach a schedule showing gross receipts less cash expenses for each piece of property.)

a.	Dividends/interest	\$
b.	Rental property income	\$
c.	Trust income	\$
d.	Other (specify):	\$

7. **Income from self-employment, after business expenses for all businesses**
I am the ☐ owner/sole proprietor ☐ business partner ☐ other (specify):
Number of years in this business (specify):
Name of business (specify):
Type of business (specify):

Attach a profit and loss statement for the last two years or a Schedule C from your last federal tax return. Black out your social security number. If you have more than one business, provide the information above for each of your businesses.

8. ☐ **Additional income.** I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. ☐ **Change in income.** My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions**

a.	Required union dues	\$
b.	Required retirement payments (not social security, FICA, 401(k), or IRA)	\$
c.	Medical, hospital, dental, and other health insurance premiums (total monthly amount)	\$
d.	Child support that I pay for children from other relationships	\$
e.	Spousal support that I pay by court order from a different marriage	\$
f.	Partner support that I pay by court order from a different domestic partnership	\$
g.	Necessary job-related expenses not reimbursed by my employer (attach explanation labeled "Question 10g")	\$

Last month

11. **Assets**

a.	Cash and checking accounts, savings, credit union, money market, and other deposit accounts	\$
b.	Stocks, bonds, and other assets I could easily sell	\$
c.	All other property, <input type="checkbox"/> real and <input type="checkbox"/> personal (estimate fair market value minus the debts you owe)	\$

Total

PETITIONER/PLAINTIFF: _____ RESPONDENT/DEFENDANT: _____ OTHER PARENT/CLAIMANT: _____	CASE NUMBER: _____
---	-----------------------

12. The following people live with me:

Name	Age	How the person is related to me? (ex: son)	That person's gross monthly income	Pays some of the household expenses?	
a.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.				<input type="checkbox"/> Yes	<input type="checkbox"/> No

13. Average monthly expenses ☐ Estimated expenses ☐ Actual expenses ☐ Proposed needs

- | | |
|---|---|
| <p>a. Home:</p> <p>(1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage... \$ _____</p> <p style="padding-left: 20px;">If mortgage:</p> <p style="padding-left: 40px;">(a) average principal: \$ _____</p> <p style="padding-left: 40px;">(b) average interest: \$ _____</p> <p>(2) Real property taxes \$ _____</p> <p>(3) Homeowner's or renter's insurance (if not included above) \$ _____</p> <p>(4) Maintenance and repair \$ _____</p> <p>b. Health-care costs not paid by insurance. . . \$ _____</p> <p>c. Child care \$ _____</p> <p>d. Groceries and household supplies. \$ _____</p> <p>e. Eating out. \$ _____</p> <p>f. Utilities (gas, electric, water, trash) \$ _____</p> <p>g. Telephone, cell phone, and e-mail \$ _____</p> | <p>h. Laundry and cleaning \$ _____</p> <p>i. Clothes \$ _____</p> <p>j. Education \$ _____</p> <p>k. Entertainment, gifts, and vacation. \$ _____</p> <p>l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) \$ _____</p> <p>m. Insurance (life, accident, etc.; do not include auto, home, or health insurance). . . \$ _____</p> <p>n. Savings and investments. \$ _____</p> <p>o. Charitable contributions. \$ _____</p> <p>p. Monthly payments listed in item 14 (itemize below in 14 and insert total here). . \$ _____</p> <p>q. Other (specify): \$ _____</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>r. TOTAL EXPENSES (a–q) (do not add in the amounts in a(1)(a) and (b)) \$ _____</p> </div> <p>s. Amount of expenses paid by others \$ _____</p> |
|---|---|

14. Installment payments and debts not listed above

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

15. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.
 NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

16. Attorney fees (This is required if either party is requesting attorney fees.): \$

- a. To date, I have paid my attorney this amount for fees and costs (specify): \$
- b. The source of this money was (specify):
- c. I still owe the following fees and costs to my attorney (specify total owed): \$
- d. My attorney's hourly rate is (specify): \$

I confirm this fee arrangement.

Date:

 (TYPE OR PRINT NAME OF ATTORNEY)



 (SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF:	
RESPONDENT/DEFENDANT:	
OTHER PARENT/CLAIMANT:	
CASE NUMBER:	

CHILD SUPPORT INFORMATION
(NOTE: Fill out this page only if your case involves child support.)

17. Number of children

- a. I have (specify number): _____ children under the age of 18 with the other parent in this case.
b. The children spend _____ percent of their time with me and _____ percent of their time with the other parent.
(If you're not sure about percentage or it has not been agreed on, please describe your parenting schedule here.)

18. Children's health-care expenses

- a. ☐ I do ☐ I do not have health insurance available to me for the children through my job.
b. Name of insurance company: _____
c. Address of insurance company: _____

- d. The monthly cost for the **children's** health insurance is or would be (specify): \$ _____
(Do not include the amount your employer pays.)

19. Additional expenses for the children in this case

- a. Child care so I can work or get job training. _____
b. Children's health care not covered by insurance. _____
c. Travel expenses for visitation. _____
d. Children's educational or other special needs (specify below): _____
Amount per month \$ _____

20. Special hardships. I ask the court to consider the following special financial circumstances (attach documentation of any item listed here, including court orders):
Amount per month _____
For how many months? _____

- a. Extraordinary health expenses not included in 19b. _____
b. Major losses not covered by insurance (examples: fire, theft, other insured loss) _____
c. (1) Expenses for my minor children who are from other relationships and are living with me _____
(2) Names and ages of those children (specify): _____
Amount per month \$ _____

The expenses listed in a, b, and c create an extreme financial hardship because (explain): _____

21. Other information I want the court to know concerning support in my case (specify): _____

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO.:</div> </div> ATTORNEY FOR (Name):	FOR COURT USE ONLY
PETITIONER: RESPONDENT:	
<div style="text-align: center;"> DECLARATION REGARDING SERVICE OF DECLARATION OF DISCLOSURE AND INCOME AND EXPENSE DECLARATION </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> <input type="checkbox"/> Petitioner's <input type="checkbox"/> Respondent's </div> <div> <input type="checkbox"/> Preliminary <input type="checkbox"/> Final </div> </div>	CASE NUMBER:

1. I am the ☐ Attorney for ☐ Petitioner ☐ Respondent in this matter.

2. ☐ Petitioner's ☐ Respondent's *Preliminary Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
 on (date):

3. ☐ Petitioner's ☐ Respondent's *Final Declaration of Disclosure and Income and Expense Declaration* was served on:
☐ Attorney for ☐ Petitioner ☐ Respondent by: ☐ personal service ☐ mail ☐ other (specify):
 on (date):

4. ☐ Service of the *Final Declaration of Disclosure* has been waived under Family Code section 2105, subdivision (d).

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE)

Note:

File this document with the court.

Do not file a copy of either the *Preliminary* or *Final Declaration of Disclosure* with this document.